



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV ANNUAL MEETING MINUTES October 30, 2014

**Approved
2/12/2015**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., Co-Chair	Bradley Land	Joseph Cadden, MD	Kyle Baker
Ricky Rosales, Co-Chair	Ted Liso/Douglas Lantis, MBA	Alex Castillo	Sophia Rumanes, MPH
Alvaro Ballesteros, MBA	Abad Lopez	Lilia Espinoza, PhD	
Raquel Cataldo	Miguel Martinez, MSW, MPH	Lynnea Garbutt	
Kevin Donnelly	José Munoz	Ayanna Kiburi, MPH	COMMISSION STAFF/CONSULTANTS
Michelle Enfield	Gregory Rios	Patsy Lawson	
Dahlia Ferlito, MPH (pending)	Juan Rivera	Marc McMillin	Dawn McClendon
Suzette Flynn	Jill Rotenberg	Angélica Palmeros, MSW	Jane Nachazel
Aaron Fox, MPM	Sabel Samone-Loreca/Susan Forrest	Mario Pérez, MPH	Yeghishe Nazinyan, MD, MS
David Giugni, LCSW	Shoshanna Scholar	Terrell Winder	Lise Ransdell
Terry Goddard, MA	Terry Smith, MPA		James Stewart
Grissel Granados, MSW	LaShonda Spencer, MD		Craig Vincent-Jones, MHA
Joseph Green/Eric Sanjurjo, MPH	Jason Tran/Rob Lester, MPP		Nicole Werner
Kimler Gutierrez (pending)	Monique Tula		
Sharon Holloway	Will Watts, JD		
AJ King, MPH	Fariba Younai, DDS		
Lee Kochems, MA	Richard Zaldivar		
Mitchell Kushner, MPH, MD			
PUBLIC			
Aaron Barba	René Bennett	Traci Bivens-Davis	Efren Chavez
Geneviéve Clavreul	Edd Cockrell	Tracey Cumberland	Phil Curtis
Richard Dearmore	Cindy Dizon	Destini Felix	Maureen Garcia
Lisa Goldstein	Laura Gutierrez	Miguel Gutierrez	Stella Gukasyan
Miki Jackson	Joseph Leahy	Gentamu McKinney	Elizabeth Mendia
Anthony Mills, MD	Sasha Navarro	Michael Pitkin	Juan Preciado
Craig Pulsipher	Laura Ramos	Brian Rislay	Natalie Sanchez
LaVera Sanders	Kevin Slatter	Jason Wise	

- REGISTRATION:** Registration opened at 8:30 am.

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2. WELCOME AND INTRODUCTIONS: Mr. Johnson opened the meeting and welcomed attendees at 9:15 am.

A. Roll Call (Present): Ballesteros, Donnelly, Enfield, Ferlito, Flynn, Forest, Fox, Giugni, Goddard, Granados, Green, Johnson, King, Kushner, Land, Lester, Liso/Lantis, Lopez, Martinez, Munoz, Rios, Rivera, Rosales, Rotenberg, Smith, Spencer, Tula, Watts, Zaldivar

B. Introduction of the Facilitator: Ms. Ransdell, Meeting Facilitator, has previously worked with the Commission.

C. Public Comment (*for non-agendized items*):

- Mr. Johnson clarified Public Comment offers the community an opportunity to speak on any topic. Agenda items will be addressed under the item. Commission Comment offers members the opportunity to address topics not on the agenda.
- Per Brown Act regulations, non-agendized topics raised under Comment cannot lead to dialogue, but can be referred to Committee for follow-up. Views expressed are those of the speaker - not Los Angeles County, the Department of Public Health (DPH) or the Commission. Comments are limited to two minutes to ensure all have an opportunity to speak..
- Mr. Leahy, Community Liaison Manager, Janssen Therapeutics, served the last two years on the United States Conference on AIDS (USCA), Executive Committee for which he developed and co-chaired a Los Angeles Subcommittee. It included Commission members and representatives from agencies, e.g., AIDS Project Los Angeles (APLA), AIDS United, Bienestar, Children's Hospital, JWCH, East Los Angeles Women's Center, Modern Health Pharmacy and LAFAN.
- Ms. Gukasyan, APLA and USCA Los Angeles Subcommittee Co-Chair, reported accomplishments: a webinar for those submitting USCA abstracts, 30 attendees; the first live streaming of a USCA plenary session, over 100 attendees on the website and over 50 at The California Endowment; mentorship of a County consumer to USCA sponsored by AIDS United; and a movie night at USCA, over 60 attendees, sponsored by Modern Health.
- Ms. Sanders, the USCA County mentee, will present on what she learned at USCA on 12/3/2014 at the West Hollywood Library Auditorium. As part of the mentorship program, she provided the live-streamed USCA introduction. She will also present information from USCA at her school on 11/2/2014 and distribute pamphlets and other materials. She encouraged attendance at events such as USCA for educational purposes, e.g., she learned it costs just \$0.10 to exchange a needle for an intravenous drug user, but approximately \$450,000 for the lifetime cost to treat HIV.
- Mr. Dearmore, Outreach Specialist, APLA, Red Circle Project, said the Project specializes in Native American/Alaskan Native gay, two-spirit and transgender people dealing with HIV. He welcomed referrals.
- Mr. Pitkin, consumer, thanked those who helped him since moving to the County a year ago especially Being Alive which supported him in speaking about his experience. He felt the Board of Supervisors (BOS) did not prioritize PLWH highly enough, but even one person can make a difference and the Commission's work this year has made a difference.
- Ms. Jackson, AIDS Healthcare Foundation (AHF), has been on or around the Commission many years and felt the last year-and-a-half was one of the most uncivil periods in years. The Commission should recommit to ensure discourse is more civil, professional and factual. She reported people have called her to voice support for AHF lawsuits, but chose not to offer public support due to backlash concerns. She felt the environment could cause long term repercussions.
- Mr. Rislay, Southern California Men's Medical Group, announced a new study using delafloxacin to treat gonorrhea, especially antibiotic resistant gonorrhea. The study is notable due to high gonorrhea rates among young MSM and those over 50. Clients referred to Tony Mills Research will receive prompt treatment with two to three visits. They will also be tested for Chlamydia as delafloxacin may treat that as well. Clients will be well compensated for participation.
- Mr. Slatter, 25-year HIV survivor, has attended the Commission this last year and complimented its work. It is an amazing time for PLWH and prevention for HIV- people with advancements in understanding of undetectability and biomedical interventions. It is exciting to realize an HIV-Free Generation is achievable even without a cure.
- Ms. Goldstein, Beverly Hills Medical Plaza Pharmacy, reported every day they see patients who cannot afford rent or medication that month or need dental care. The Pharmacy wants to partner with organizations that can offer patient resources or improve their Pharmacy's services. She invited interested parties as well as patients to contact her.

D. Commission Comment (*for non-agendized items*): There was no Commission Comment.

E. Goals for the Day: Mr. Rosales noted the agenda began with a review of the year's work and consideration of a resolution from Public Policy. The body will then address how to re-ignite the conversation on HIV and end HIV in Los Angeles County.

3. A YEAR IN REVIEW:

A. Vision and Mission:

- Mr. Johnson felt it important to appreciate that Ryan White (RW) legislation only requires a local planning council to do very specific tasks regarding funds entering the jurisdiction. Los Angeles County, however, elevated the County's local planning council to a full Commission which reports directly to the BOS. That was a bold step.
- Bold steps have continued. As the unification process began, the Commission's DHSP partners chose to submit an entire section of a County department to an open, transparent, public review and planning process. That resulted in incorporating STD planning into the Commission to foster a holistic approach to communicable diseases.
- Concurrent with unification, Health Care Reform changed the service delivery system's environment and culture. More than half of the County RW system's patients migrated in response to massive changes in payer systems.
- The Commission faced challenges in unifying prevention, care/treatment and STD planning; re-organizing and staffing timely preparation of packets, committee work and work plans; internal and external communications. Our mission must be to move past challenges to continue the great work the Commission and other stakeholder groups now part of it have done in the past. He saw a bright future led by the raw talent, intelligence and experience at the table.
- Mr. Rosales acknowledged the past year was challenging and frustrating. It felt to him as though the Commission were constructing a building's foundation and walked away, but Commission members remained here and committed to the work and the people they serve. He saw this as a day to acknowledge, but move past, obstacles to go forward again.

B. Key Accomplishments:

- Mr. Johnson noted, despite some false starts, the Commission has accomplished serious work this year. It engages in some advocacy but, first and foremost, its role is as a planning body to plan services and effectively allocate funds. Planning requires review of services, data and community experience to identify where to focus. Implementation also requires working through systemic issues, e.g., it takes a minimum of 18 months for an RFP to procure services.
- Dr. Younai related how diligent Standards and Best Practices (SBP) Committee planning resulted in implementation of Medical Care Coordination (MCC). By 2006, it was apparent HIV was now a chronic illness due to improved treatments. A medical literature review of chronic disease public and private models revealed strong outcomes.
- A 2007-2008 Commission case management utilization study revealed uneven uptake with 20% of patients reporting use of medical and 42% use of psychosocial case management. Patients were in the untenable position of integrating and coordinating recommendations and treatment plans from their own core medical and support service providers.
- The Commission was also developing its Continuum of Care beyond a visual depiction of how services co-exist to an interactive framework of services. System-, service-, population- and individual-level factors can all be quantitatively and qualitatively analyzed to assess how people engage the system, how to retain them and impact health outcomes.
- MCC sought to ensure patients correctly engage the system. HRSA also emphasized improved medical and psychosocial case management coordination. MCC standard development between 2006 and 2012 included expert review panels and stakeholder, consumer and provider meetings. The BOS approved procurement in 2012 and MCC has launched.
- Mr. Johnson added the conversion of the system from expense reimbursement to Fee-For-Service improved the ability to collect accurate utilization data. The Commission advocated for that change which occurred this year.
- Mr. Ballesteros reported the Planning, Priorities and Allocations (PP&A) Committee addressed multiple challenges this year. The scope of PP&A's work expanded with unification as membership changed to reflect the full continuum. Those familiar with care/treatment or prevention in the past have worked to absorb each others' experience.
- Meanwhile, FY 2013 allocations, done prior to unification, were finalized while PP&A addressed FY 2014 allocations. It also continually evaluated the Health Care Reform impact to ensure RW Parts A and B funds were maximized as thousands of patients migrated to Medicaid Expansion, through the Low Income Health Program and finally to ACA.
- PP&A has now launched its first cycle of combined HIV prevention, care/treatment and STD planning. At its last meeting, PP&A approved the new Los Angeles Coordinated HIV Needs Assessment (LACHNA) plan, developed with DHSP and the Commission's LACHNA Work Group. The new LACHNA will incorporate unmet need and STDs.
- Mr. Rivera recalled the Department of Health Services (DHS), Director, Pharmacy Services came to the first meeting of the unified Commission to ask for assistance with an issue related to patients migrating due to Health Care Reform. The Pharmacy Benefits Manager model had to be discontinued due to contracting issues so consumers would need to pick up their medications at dispensaries in County hospitals, but that would inconvenience many consumers, e.g., in SPA 1.
- The Commission developed an alternate solution with medications sent to consumer homes or providers. Consumers in challenging situations such as attendant care were able to receive 90-day prescriptions. The solution provided a bridge to meet consumer needs until ACA was implemented six months later. Commission advocacy was key.
- Dr. Younai related the Commission also found a significant oral health service care gap across three LACHNA's. Initially, a large portion of RW Minority AIDS Initiative funds was allocated to supplement Part A but, by 2010, just 2,572 of the

then approximately 20,000 RW system patients were accessing services. A three-phase expansion first augmented existing contracts. The second phase initiated contracts for new providers. The eventual goal is to reach up to 9,000 patients. The County is the sole jurisdiction that has found a way to significantly expand oral health with Part A funds.

- Ms. Rumanes, Chief, HIV and STD Prevention Services, DHSP, has spent 19 years in community planning and served as a Governmental Co-Chair for the prior HIV Prevention Planning Committee (PCC) for eight years.
- The accomplishment of unifying the prior Commission and PPC occurred during major debate on the subject. Neither the federal government nor grantee required it. There were also multiple system changes including Health Care Reform and prevention world changes including treatment as prevention, biomedical interventions and attention to STDs.
- Unification debate was community-driven, active and led to support for strengthening prevention and care/treatment voices by unifying despite concerns of the unknown. The Commission can be proud to be the first US jurisdiction to successfully unify planning bodies and to have the foresight to integrate prevention for STDs, a major HIV risk factor.

C. Committee Reports:

1) Public Health Crisis - Resolution: PEP, PrEP and Other Biomedical Interventions:

- Mr. Fox thanked Commission members for initiating the conversation on biomedical interventions over the past year. Discussions and presentations to better understand interventions and how the County might implement them included the Commission, community members, DHSP, physicians, epidemiologists and policy specialists.
- The resolution in the packet reflected that discourse and its consensus to ensure biomedical interventions are accessible and available to County residents. It informed the BOS on the Commission's PEP/PrEP position and urged the BOS, DPH and DHSP ensure the means to accelerate procurement and contracting.
- Mr. Zaldivar felt the resolution reflected how the Commission has used the system as planners in the past year to come from a place of passion, experience and compassion to raise their voices for what is just. He added, despite the difficulties, it also spoke to the Commission's unification and the value of prevention voices at the table.
- He felt the resolution reflected constituents' opinions as accurately as possible at this time. Commission members represent those diverse constituents - HIV+ or HIV-, Latino, white, transgender... He urged unanimous support.
- Ms. Jackson felt this iteration improved from a previous one, but took issue with accuracy of the fourth whereas, "recent litigation and other actions have unduly delayed or interrupted essential County functions... ." She felt services were developing as quickly as the County norm and the section implicitly targeted AHF unfairly. AHF serves 7,166 County PLWH and provided 40,692 HIV tests with 423 testing HIV+. It also subsidized other County agencies for \$1.2 million in specialty care. Nationally, it serves 26,770 PLWH and provided 127,183 tests with 1,578 HIV+. AHF serves over 350,000 PLWH globally and 26,222 HIV- patients, many in difficult areas, e.g., Sierra Leone.
- Mr. Giugni questioned the relevance of the fourth section since the Commission does not oversee contracts.
- Mr. Fox replied the Commission has openly discussed the deleterious impact of lawsuits against the County on its ability to solicit, procure and contract with agencies to implement services. Public Policy addressed the concern in that section. Mr. Johnson added the cumbersome contracting system impacts all departments, not just DPH. He commended the Commission for acknowledging challenges in this instance while calling for expedited work.
- Ms. Tula was conflicted on the fourth section. She found it somewhat targeted and felt the rest of the resolution made it unnecessary. If retained, she suggested clarifying it by adding that this situation was a state of emergency.
- Mr. Rosales said the section was not to disparage, but to describe realities and urge a speedy response. Mr. Zaldivar added it honestly reflected Commission member comments and stated the known problem of lawsuits delaying RFPs regardless of source. The Commission is responsible for ensuring prompt services to those in need.
- Mr. Smith said people should not make the fourth section more than it was. It simply acknowledged the current environment. He urged moving forward in a way that demonstrates we know there is an epidemic among people who look and love as we do. We should not dance around the topic of lack of resources for needed services.
- Mr. Land supported the fourth section as it spoke to staff deployment. Anything that needs to be managed, including litigation, absorbs time and resources that would otherwise be spent on services to divert infections.
- Mr. Rislay felt the County had a great deal to be proud of regarding PEP/PrEP. He was involved in the original coalition of agencies, DPH and the University of California Los Angeles that developed the first PEP demonstration project in the County, the third in the US, which led to the County funding PEP for those who could not afford it.
- He also helped write the California HIV/AIDS Research Program grant that funded the PrEP demonstration project developed by the same coalition. The County has led for six years with only a few other US cities working to develop, gain community support and employ new prevention strategies. He fully supported the resolution.

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- Mr. Johnson acknowledged many subjects are hard, but we debated, decided and moved forward. The Commission stands on the shoulders of giants. It drove adoption of names-based reporting in California and continues to lead the fight to ensure OA-HIPP functions. The Commission continues to do amazing work.

MOTION 1: Approve final Resolution language defining the Commission's position prioritizing expanded access to, increased availability and improved public/community awareness of PEP, PrEP and other biomedical interventions and related service, and encouraging the Board of Supervisors (BOS) to expedite procurement and other County processes to advance that agenda (*Passed: 30 Ayes; 1 Opposed; 0 Abstentions*).

5. COMMISSION PAST AND PRESENT: FINDING FORWARD MOMENTUM:

- Ms. Ransdell introduced discussions to review the past year, acknowledge difficult situations as needed to resolve them and reflect on how to help the Commission as a body and as individual members to move forward by considering:
 - How are we doing as a Commission? as individual members?
 - What is your role on the Commission as a member or a stakeholder?
 - Where are we going? What do we need to get there?
 - What challenges will we be facing in the future?
 - How is this going to impact or lead us to an HIV-Free Generation?
- Attendees broke into groups which included representatives of each Commission Committee and the Comprehensive HIV Planning (CHP) Task Force which planned the day. Groups reported out their key themes:
 - Stigma undermines HIV education and lack of education leads to lack of HIV treatment.
 - An HIV-Free Generation is a big picture goal that requires both creativity and balancing focus on the goal with details needed to plan for the jurisdiction. Personal connections, mentorship, outreach and accountability will all be needed.
 - Concerted HIV-Free Generation strategic planning must be done and include active, broad communication.
 - Improve incorporation of the undocumented and their issues to ensure their often lost voices are heard and addressed.
 - Within an overall theme of organizational issues, emphasize greater intentional support for Commission members, especially those who are new, and on streamlining Commission processes to better utilize time.
 - Make Committee agendas simpler, more understandable and better contextualized so that members can better understand their roles and participate more fully and effectively.
 - Improve infrastructure support to ensure work is completed in a timely fashion and not set aside for other agenda items until complete. Such improvements may be a consequence of moving forward with actual planning work but, in any case, neither improvements nor strategic planning/visioning should divert from the first priority of planning work.
 - Meeting structure should foster relationships and deeper discussions on issues that impact the community.. Meeting information and work plans should be streamlined for better prioritization. Structures must be responsive.
- Ms. Ransdell said it is natural for a large group of passionate and committed people to have some conflict. Bringing topics to the table allows them to be addressed. The CHP Task Force will follow up. Commission members also need to care for themselves and each other while moving through the process including getting to know each better.

7. PANEL DISCUSSION: HOW DO WE IGNITE AN HIV-FREE GENERATION?

- Mr. Smith moderated a panel of Commission members to open discussion on issues to plan for an HIV-Free Generation.
- Mr. Goddard offered a series of issues to address:
 1. Reduce transmission rates with access to PEP/PrEP and other proven prevention strategies;
 2. Initiate routine testing for those aged 15 to 65;
 3. Ensure access to ART and medical care for all County PLWH;
 4. Foster robust Linkage To Care strategy for newly diagnosed PLWH;
 5. Ensure treatment for co-morbidities, e.g., depression/other mental health issues, addiction, Hepatitis C, homelessness;
 6. Decriminalize nonviolent drug possession and reduce incarceration rate of young men of color;
 7. Improve understanding of how the County's diverse communities access care and how to improve access;
 8. Ensure the undocumented are included in the plan;
 9. Address HIV and LGBT stigma;
 10. Assess Commission organizational capacity for plan and acknowledge that the plan may outlast the Commission;
 11. Foster larger collaborations using collective impact to organize groups around various issues to enhance advocacy, e.g., a Los Angeles initiative to end chronic homelessness by 2016 was started by the Chamber of Commerce and United Way which drew in different actors (such as foundations and government agencies) with different motivations for

- participating to focus on a single solution via fundraising, creating new impact measures, providing seed money for projects, creating standards of care and fostering initiative uptake such as the HUD-required single entry system;
12. Ensure safe, affordable, decent housing for all PLWH which is strongly linked to improved HIV health care, low Viral Load (VL), improved health status, fewer hospitalizations/ER visits, longer life and decrease in community VL while PLWH experiencing homelessness are two to six times more likely to engage in high risk drug and sexual behaviors.
- Mr. Gutierrez supported the preceding especially in regards to routine testing and social co-morbidities. He added:
 1. While language services are more available now than previously, ensure information is not only translated but contextualized, e.g., why it is important to get tested;
 2. Ensure tailored community-level interventions in populations not yet addressed, e.g., most API populations;
 3. HIV does not discriminate, but many services and systems do. It is essential to seek out the marginalized, e.g., MSM, women, survivors of domestic violence, the homeless, the poor and the undocumented, to help communities work together to address issues that increase the risk of HIV transmission.
 - Mr. Rivera said his over-arching approach to an HIV-Free Generation was to ensure no one falls between the cracks.
 1. As an HIV patient advocate, his clients have, or at risk for, falling through the cracks because: they do not understand their insurance or are under- or uninsured and have medication access issues, e.g., patients cannot access ADAP because their ADAP worker is booked for a month in advance. Patients should be handheld from identification of a need throughout the process, e.g., from helping patients enroll in insurance through picking up their medications.
 2. As a PLWH, he fell through the cracks despite working in HIV for six years because, though insured, his insurance for substance abuse treatment was inadequate and clean needle access in his area was poor. It improved only after he was HIV+. Ensure mental health, substance abuse treatment and clean needle access to all who need them.
 - Dr. Spencer agreed with previous points, but also urged learning from and building on the past. She treats HIV+ pregnant women to avert mother to child transmission. The first AZT trials to avert mother to child transmission in 1991 raised concerns about using powerful medications especially their impact on babies, but trials were successful, treatment rolled out and transmission rates dropped by two-thirds. The advent of HAART in 1996 raised similar medication issues, but roll out cut transmission rates to 2%. The key to medication roll out for HIV+ pregnant women was data on the women.
 - The CDC estimates nearly 20% of PLWH are unaware. That data supports efforts to identify the unaware and initiate treatment to reduce transmission. PLWH with undetectable VLs do not transmit HIV in 96% of encounters.
 - Literature supports PrEP for those at risk just as it supported medication to avert infection of an HIV+ pregnant woman's child. Treatment for pregnant women was pursued aggressively then as PrEP should be pursued aggressively now.
 - Ms. Samone-Loreca saw addressing stigma and barriers it creates as key to an HIV-Free Generation. A transgender person may fear being seen taking medications. A homeless youth may lack a place to store medications or be unable to buy food to eat with them. Medical clinics often do not reflect these populations, e.g., someone like her, a transgender woman of color. But such populations often lack support structures and need a safe space to help find housing, bus tokens or child care to attend appointments. Ask patients what they need and work around concerns such as substance abuse or sex work.
 - Mr. Johnson agreed with issues raised. He also fell through the cracks due to a lack of mental health and substance abuse services. But he urged understanding our moment in time with a world changed by ACA implementation. The Commission must understand primary care because the best prevention is primary care. It is the gateway to all services. Funding went to community clinics, Federally Qualified Health Centers, IPAs and health plans, but primary care must be delivered in a culturally competent, accessible way. Are primary care physicians screening appropriately, e.g., for mental health and substance use? Do they refer for services or just respond to a question with a list of referrals? What about child care?
 1. Understand the new landscape of primary care services.
 2. Coordinate with the primary care system and work within it to make it more responsive to the needs of those at risk.
 3. Ensure prevention services are integrated into primary care to divert infections before they occur.

A. Question and Answer:

- The community needs more education on the value of an undetectable VL - not only for prevention, but for survival. Many people also do not know that medications now have fewer side effects and are more effective than in the 1990s. Fear of medication side effects deters many from testing. Pharmaceutical companies might help with education.
- There is also a generational divide. Those under 30 engage in riskier behaviors and test later. Free oral tests at clubs could help. Ms. Samone-Loreca added she engages in outreach most nights with free one minute testing. One Friday 200 people were tested, but another 200 refused as they were, e.g., heterosexual or Latino. She felt imaging should reflect more diverse communities including seniors who are healthy and returning to work or school who reflect hope..

- Mr. Gutierrez felt supporting a "pro-health" primary care message rather than an "anti-HIV" message would help reach youth. Primary care physicians also need to be educated, e.g., he has been told he was too low risk to test. HIV is now a chronic disease so prevention and messaging should reflect that, e.g., by addressing social determinants of health.
- Dr. Kushner supported comments, but was concerned with the "HIV-Free Generation" slogan. Current PLWH will likely not die of HIV and will be part of the population. The slogan seems to marginalize them, yet they can be a significant part of the effort by sharing their experience. Mr. Rivera, HIV+ four years, felt it was an exciting time to be a HIV+ man because he can finally talk to friends and others he knows are engaging in high risk activities and offer options like PrEP.
- Ms. Goldstein said the changing health care landscape is starting to impact her pharmacy patients. The prior day a patient whose partner is HIV+ brought in a prescription for PrEP (Truvada), but his monthly co-payment would have been too high at \$1,300. The manufacturer's assistance program offered just under \$400. Even offering the pharmacy's slim profit of \$30 would still leave a co-payment of approximately \$1,000. The financial barrier was insurmountable.
- An AIDS patient has used the pharmacy 20 years. He knew Ms. Goldstein from her childhood and she attended his mother's funeral, yet his new insurance requires him to use mail order delivery. He takes multiple medications and wants to stay with the pharmacy so he can ask follow-up questions and not worry over loss of a \$10,000 medication.
- Yet another patient's insurance plan paid for a medication for six months, but then decided it was not allowable. The insurance company has billed the pharmacy to take \$10,000 back. These examples reflect serious provider barriers.
- Mr. Johnson replied it is important to know and manipulate the system to force it to be what it needs to be. The Commission can pressure payer systems to change and incorporate lessons learned over 30 years. It can also teach consumers how to navigate the primary care system: what a membership services organization should do with a plan for them, how to file a grievance, how to file a lawsuit for insurers to comply with their own internal policies.
- Mr. Rivera said Ms. Goldstein's examples reflect issues he faces daily. His pharmacy uses patient advocates to seek solutions. A physician might re-file a request as "medically necessary," e.g., to cover Truvada. Forced mail order can sometimes be avoided with employer-based insurance by seeking a special allowance through human resources. The only other option is use open enrollment or a qualifying event to find an insurer with the pharmacy in its network.
- Mr. Ballesteros, diagnosed HIV+ in 1986, felt the only way to effectively educate marginalized communities such as MSM, bisexual or transgender people is for health plans and systems to collect their data. It is not now possible to go to a private clinic system and ask to see data on how well it is treating, e.g., transgender people, with age and lifestyle specific education. There is controversy about collecting such data, but he felt it necessary for accountability.
- Dr. Spencer supported data collection. Physicians should ask, but often are uneducated and uncomfortable. The medical community comfort level needs to be raised before there will be comfort with questions on a form. A related issue is poor primary care uptake by youth, young adults and men unless they are in an accident or need ER services.
- Mr. Goddard noted a shift in people's view of confidential information, at least from the housing perspective. They are more comfortable entering data in the Homeless Management Information System. More medical-related variables such as VL are being tracked. Clients may opt out, but the opt out incidence is very low. Funders want the data.
- Currently the Commission lacks big data and analytics, but it would be helpful in standards development.
- Ms. Samone-Loreca noted there is still no data on transgender women though the CDC has started to recognize the community. There is no research on the impact of hormones over time or their interactions with other medications.
- Mr. Gutierrez supported more data collection, but there are administrative barriers. Some arbitrary data collection might be dropped in favor of population data. Patients need to keep paperwork for two years so it can be a burden.
- Mr. Cockrell moved to Los Angeles three years ago - homeless, drug addicted and HIV+. The LA LGBT Center helped connect him to services, but he was not ready for the conversation in the community about his status and who he was. That is what needs to happen for an HIV-Free Generation. He does not know what that looks like. HIV was there as he was growing up. Perhaps we should look back to see how we got here. If it is reducing stigma, how do we do that?
- Ms. Scholar supported housing for those who continue to use substances that includes supportive services to maintain housing in their networks. Access is also needed for better, subsidized drug treatment including buprenorphine, not only methadone. That will require certifying and educating primary care providers and assuring easier Medi-Cal coverage. Harm reduction, and its evidence-based effective services, must be embraced as part of any plan.
- Another suggestion was to increase availability and promotion of clinical trials particularly to populations at risk.
- Ms. Tula urged recognizing the impact of trauma on those at risk of or living with HIV. People often use substance use and other risk behaviors to mitigate trauma impact. Ms. Samone-Loreca noted the emerging issue nationwide of HIV+ women dealing with domestic violence. Addressing domestic violence should be part of improved primary health care.
- Mr. Rivera added addressing substance abuse cycles of relapse, ER admissions, threat of job loss, homelessness and rehabilitation is very painful. Not everyone has access to comprehensive rehabilitation needed to address the trauma.

- Mr. Lopez said four years ago a social worker asked him to facilitate a group of PLWH who do not publicly acknowledge their status. They fear the stigma of being PLWH, people of color and their sexual orientations at the same time. The introduction of Viagra combined with a lack of information were common underlying causes of infection.
- Mr. Pitkin called attention to addressing issues that emerge as the HIV+ population stabilizes such as job training. Mr. Johnson replied that underlines the need to understand the system and respond to unmet needs as they arise.
- Mr. Rosales noted many raised structural barriers. Concentrated work will be required to change such structures.

B. Group Discussion:

- Ms. Ransdell facilitated identification of broad themes for development in small group discussion. Themes noted were:
 - Access to quality of care;
 - Cultural and generational competency;
 - Definition of Commission's role;
 - Collective impact - joining or creating other social justice movements;
 - "Undetectable" means the new "safer sex" for the new generation;
 - Affordable housing - "housing for health;"
 - Stigma;
 - Prevention and education;
 - Improve impact and quality of substance abuse and trauma treatment;
 - Structural bureaucracy reform;
 - Test the incarcerated and provide access to care/treatment;
 - Integrate mental health into all other services.

9. ENDING HIV IN LA COUNTY: THEMES AND PRIORITIES:

- Ms. Ransdell identified new groups for the afternoon's final small group discussions.
- Groups were asked to continue the discussion to identify three or four broad themes that the Commission will need to address in planning for an HIV-Free Generation. Some examples provided for the afternoon's discussion were:
 - Respect individual autonomy while including communities in the Commission's process of developing its work;
 - Develop or identify a framework for strategic planning, e.g., collective impact;
 - As HIV planners, review, join and learn from other social justice movements;
 - Address systemic issues and social determinants of health;
 - Consider opportunities and challenges related to ACA implementation;
 - Recognize trauma and the intersectionality of people's lives as a whole.

A. Defining Community Themes:

- Ms. Ransdell noted groups identified key themes which attendees reviewed and grouped. Mr. King said information would return to the CHP Task Force for further review and categorization. Results will be forwarded to Executive. The ultimate goal is to develop a broad planning framework to move forward to an HIV-Free Generation.
- Some broad themes raised were:
 - "The Continuum Before the Continuum," i.e., places where people fall through the cracks before becoming HIV+;
 - Use collective impact to address structural issues, social determinants and social justice issues which extend beyond the Commission's scope of HIV prevention and care.

B. Advancing Commitment with Strategy:

- Mr. Land noted the County encompasses 4,000 square miles, five Supervisorial Districts and eight Service Planning Areas. The Commission faces significant work in developing how to move forward.
- He quoted Benjamin Franklin: "Tell me and I forget. Teach me and I remember. Involve me and I learn." As Commission members, we each have a role and voice to bring to Los Angeles County. We each have a civil duty and responsibility to participate at the table, e.g., by making a motion or offering input, and to request help to do so when needed.
- We represent different bodies, people, levels of education, disciplines such as medicine and an arena of different ideas. Today's meeting was successful because we deployed who we are and brought forward a range of important issues:
 - Struggles of a health department in an independent health jurisdiction in implementing ACA;
 - Mental health issues;
 - PEP/PrEP, biomedical interventions and education;
 - Health insurance coordination;
 - Consumers empowering other consumers;

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- Keeping Committee work clear and on task, not moving from one uncompleted project to another - a fresh start;
 - AIDS Education and Treatment Centers - a better understanding of their role and how they can aid in education;
 - Finding my voice as a Commission member, e.g., consumers participating in a Consumer Advisory Board or providers participating in a Service Planning Network;
 - Eliminating barriers for working people, e.g., access issues due to ACA implementation;
 - Ensuring access for the transgender community including access to primary medical care;
 - Improved substance abuse services and access to syringe exchange;
 - Increased outreach for sex workers;
 - Routine testing with access to HIV therapy and treatment of co-morbidities and a better understanding of barriers;
 - Decriminalization of HIV especially for men of color;
 - Organizational capacity and a plan that may outlive the Commission;
 - Utilize collective impact and make our Commission visible;
 - Safe, affordable housing including for aging and/or ill PLWH seniors;
 - Prevention for underserved communities;
 - Shelters for victims of domestic violence;
 - Address stigma in all its manifestations and assure culturally competent services that screen for co-morbidities;
 - Treatment for HIV+ pregnant women;
 - Communicating standards and best practices to the larger health care system with a pro-health approach;
 - Counteracting medications fears, especially in those under 30, and seeking their representation at the table;
 - Education on Hepatitis C.
- We need to bring these discussions back to address them at the Committee level. Participate in the process and remind leadership of priorities. Engage in active listening to each other's points of view. Support the democratic process.

10. MAKING THE PROMISE REAL:

- Mr. Land stressed it takes a minimum of 18 months to understand Commission work in its totality. The Commission was just now beginning to gel as the first body in the US to successfully unify even as it continued to develop strong work and many rich personal relationships. It has also forged a new DHSP relationship with unprecedented levels of cooperation.
- Mr. Land closed by relating a 74-year-old HIV+ grandmother and friend is being forced to move. She called him last night and said, "You can't just sit around and expect your peers to know what your individual situation is. You have to take an active role and advocate for yourself." Bring your voices forward to continue the work.

11. COMMISSION COMMENT: There were no comments.

12. ANNOUNCEMENTS: Mr. Gutierrez, Program Manager, API Equality-LA, reported the organization was sponsoring a survey on policies important to the community. He requested attendees complete a survey and turn it in to him by end of day.

13. ADJOURNMENT: The meeting adjourned at 4:00 pm.

- A. **Roll Call (Present):** Ballesteros, Donnelly, Enfield, Ferlito, Flynn, Goddard, Granados, Green, Gutierrez, Holloway, Johnson, King, Kochems, Land, Liso/Lantis, Lopez, Martinez, Munoz, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca/Forest, Scholar, Smith, Spencer, Tran/Lester, Tula, Watts, Younai

MOTION AND VOTING SUMMARY

MOTION 1: Approve final Resolution language defining the Commission's position prioritizing expanded access to, increased availability and improved public/community awareness of PEP, PrEP and other biomedical interventions and related service, and encouraging the Board of Supervisors (BOS) to expedite procurement and other County processes to advance that agenda.	Ayes: Ballesteros, Cataldo, Donnelly, Enfield, Fox, Goddard, Granados, Green, Johnson, King, Kochems, Kushner, Land, Lester, Liso, Lopez, Martinez, Munoz, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Spencer, Tula, Watts, Younai, Zaldivar Opposed: Giugni Abstentions: None	MOTION PASSED Ayes: 30 Opposed: 1 Abstentions: 0
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